

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/424427

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1			51						
3		2		1			52						
4		1		1			53						
5	1		1				54						
6		1		1			55						
7		1		1			56						
8		1		1			57						
9		1		1			58						
10		4		1			59						
11		4		1			60						
12		1		1			61						
13		1		1			62						
14		1		1			63						
15		1		1			64						
16		1		1			65						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		14		1			TOTAL DEP.						
TOTAL CLAIMS		15		1			TOTAL CLAIMS						